

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Item 1. Payment of Title XVIII Part A and Part B Deductible/ Coinsurance

The Medicaid agency uses the following method:

	<b>Medicare-Medicaid Individual</b>	<b>Medicare-Medicaid/ QMB Individual</b>	<b>Medicare-QMB Individual</b>
<b>Part A Deductible</b> Inpatient Hospital	___ limited to State Plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount
<b>Part A Coinsurance</b> Inpatient Hospital	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount
<b>Part A Deductible</b> Nursing Facility Hospice Home Health	<u>X</u> limited to State plan rates*  ___ full amount	<u>X</u> limited to State plan rates  ___ full amount	<u>X</u> limited to State plan rates  ___ full amount
<b>Part A Coinsurance</b> Nursing Facility Hospice Home Health	<u>X</u> limited to State plan rates*  ___ full amount	<u>X</u> limited to State plan rates  ___ full amount	<u>X</u> limited to State plan rates  ___ full amount
<b>Part B Deductible</b>	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount
<b>Part B Coinsurance</b>	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount	___ limited to State plan rates  <u>X</u> full amount

\*The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan.